



**Physical Therapy Date: Present Status**

<b>ACTIVITY</b>	<b>INDEPENDENT</b>	<b>SUPERVISION</b>	<b>CONTACT GUARD</b>	<b>MIN</b>	<b>MAX</b>
<b>Ambulation/ Distance</b>					
<b>Functional Transfers</b>					
<b>Stairs</b>					
<b>Wheelchair Maneuvering</b>					

**Goals for Physical Therapy Visits:**

<b>ACTIVITY</b>	<b>INDEPENDENT</b>	<b>SUPERVISION</b>	<b>CONTACT GUARD</b>	<b>MIN</b>	<b>MAX</b>
<b>Ambulation/ Distance</b>					
<b>Functional Transfers</b>					
<b>Stairs</b>					
<b>Wheelchair Maneuvering</b>					

**Occupational Therapy Assistive Devices Presently Being Used:**

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**Present Occupational Functions:**

<b>ACTIVITY</b>	<b>INDEPENDENT</b>	<b>SUPERVISION</b>	<b>CONTACT GUARD</b>	<b>MIN</b>	<b>MAX</b>
<b>Upper Body Hygiene</b>					
<b>Upper Body Dressing</b>					
<b>Lower Body Dressing</b>					
<b>Shower/or Tub Transfers</b>					
<b>Functional Transfers</b>					
<b>Meal Prep</b>					
<b>Other</b>					

**Goals for Occupational Therapy Visits:**

<b>ACTIVITY</b>	<b>INDEPENDENT</b>	<b>SUPERVISION</b>	<b>CONTACT GUARD</b>	<b>MIN</b>	<b>MAX</b>
<b>Upper Body Hygiene</b>					
<b>Upper Body Dressing</b>					
<b>Lower Body Dressing</b>					
<b>Shower/or Tub Transfers</b>					
<b>Functional Transfers</b>					
<b>Meal Prep</b>					
<b>Other</b>					

**Speech Evaluation:**

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**GOALS for Speech Visits:**

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